



Complete Summary

TITLE

Osteoarthritis: percentage of patient visits during which an anti-inflammatory agent or analgesic was considered.

SOURCE(S)

American Academy of Orthopaedic Surgeons, Physician Consortium for Performance Improvement™. Clinical performance measures: osteoarthritis. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2005. 6 p. [18 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patient visits during which an anti-inflammatory agent or analgesic was considered.

RATIONALE

According to American Academy of Orthopaedic Surgeons (AAOS) and American College of Rheumatology (ACR) guidelines, non-steroidal anti-inflammatory drug (NSAID)/analgesic therapy as part of the medical management of osteoarthritis (OA) is recommended.

According to American College of Rheumatology (ACR) guidelines, all pharmacologic agents should be considered additions to nonpharmacologic measures.

PRIMARY CLINICAL COMPONENT

Osteoarthritis (OA); anti-inflammatory or analgesic medications

DENOMINATOR DESCRIPTION

All patient visits for patients with osteoarthritis (OA)

NUMERATOR DESCRIPTION

Patient visits during which an anti-inflammatory agent or analgesic was considered

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [AAOS clinical guideline on osteoarthritis of the knee.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Pilot testing

CURRENT USE

External oversight/Medicare
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Community Health Care
Managed Care Plans
Physician Group Practices/Clinics
Rural Health Care

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physician Assistants
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

Age greater than or equal to 21 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Frail elderly

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Osteoarthritis (OA) affects at least 20 million Americans.

EVIDENCE FOR INCIDENCE/PREVALENCE

National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS),
National Institutes of Health (NIH). Handout on health: osteoarthritis. Bethesda
(MD): National Institute of Arthritis and Musculoskeletal and Skin Diseases,
National Institutes of Health; 2002 Jul. 34 p.

ASSOCIATION WITH VULNERABLE POPULATIONS

Frail elderly (see "Burden of Illness" field)

BURDEN OF ILLNESS

Osteoarthritis (OA), also known as degenerative joint disease, is the most common form of arthritis and a leading cause of disability. The risk for disability

attributable to OA of the knee is as great as the risk attributable to cardiovascular disease and greater than that attributable to any other medical condition in elderly persons.

In the United States, individuals with OA account for 1 in 8 days of restricted activity among the elderly.

EVIDENCE FOR BURDEN OF ILLNESS

Arthritis Foundation. Disease center: osteoarthritis - epidemiology. [internet]. Atlanta (GA): Arthritis Foundation; 2005[cited 2005 Nov 09]. [3 p].

Guccione AA, Felson DT, Anderson JJ, Anthony JM, Zhang Y, Wilson PW, Kelly-Hayes M, Wolf PA, Kreger BE, Kannel WB. The effects of specific medical conditions on the functional limitations of elders in the Framingham Study. *Am J Public Health* 1994 Mar; 84(3): 351-8. [PubMed](#)

Improving musculoskeletal care in America (IMCA) project. Osteoarthritis of the knee. Rosemont (IL): American Academy of Orthopaedic Surgeons; 2002 Sep .

Jordan JM, Linder GF, Renner JB, Fryer JG. The impact of arthritis in rural populations. *Arthritis Care Res* 1995; 84: 242-50.

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All patient visits for patients with osteoarthritis (OA)

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All patient visits for patients with osteoarthritis (OA)

Exclusions

None

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition

Encounter

DENOMINATOR TIME WINDOW

Time window follows index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patient visits during which an anti-inflammatory agent or analgesic was considered*

*Documentation that an anti-inflammatory agent or analgesic was not indicated; documentation of medical reason(s) for not prescribing an anti-inflammatory agent or analgesic (e.g., allergy, drug interaction, contraindication); documentation of patient reason(s) for not prescribing an anti-inflammatory agent or analgesic (e.g., economic, social, religious); documentation that an anti-inflammatory agent or analgesic was prescribed.

Exclusions

None

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

None

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Anti-inflammatory/analgesic therapy.

MEASURE COLLECTION

[The Physician Consortium for Performance Improvement Measurement Sets](#)

MEASURE SET NAME

[American Academy of Orthopaedic Surgeons and Physician Consortium for Performance Improvement: Osteoarthritis Physician Performance Measurement Set](#)

SUBMITTER

American Medical Association on behalf of the American Academy of Orthopaedic Surgeons and the Physician Consortium for Performance Improvement

DEVELOPER

American Academy of Orthopaedic Surgeons
Physician Consortium for Performance Improvement

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2003 Oct

REVISION DATE

2005 Aug

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: American Academy of Orthopaedic Surgeons, Physician Consortium for Performance Improvement. Clinical performance measures: osteoarthritis of the knee. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2003. 6 p.

SOURCE(S)

American Academy of Orthopaedic Surgeons, Physician Consortium for Performance Improvement™. Clinical performance measures: osteoarthritis. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2005. 6 p. [18 references]

MEASURE AVAILABILITY

The individual measure, "Anti-inflammatory/Analgesic Therapy," is published in the "Clinical Performance Measures: Osteoarthritis." This document and technical specifications are available in Portable Document Format (PDF) from the American

Medical Association (AMA) -convened Physician Consortium for Performance Improvement Web site: www.physicianconsortium.org.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

COMPANION DOCUMENTS

The following are available:

- Physician Consortium for Performance Improvement. Introduction to physician performance measurement sets. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2001 Oct. 21 p. This document is available from the American Medical Association (AMA) Clinical Quality Improvement Web site: www.ama-assn.org/go/quality.
- Physician Consortium for Performance Improvement. Principles for performance measurement in health care. A consensus statement. [online]. Chicago (IL): American Medical Association (AMA), Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), National Committee for Quality Assurance (NCQA); [3 p]. This document is available from the AMA Clinical Quality Improvement Web site: www.ama-assn.org/go/quality.
- Physician Consortium for Performance Improvement. Desirable attributes of performance measures. A consensus statement. [online]. American Medical Association (AMA), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), National Committee for Quality Assurance (NCQA); 1999 Apr 19 [cited 2002 Jun 19]. [5 p]. This document is available from the AMA Clinical Quality Improvement Web site: www.ama-assn.org/go/quality.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

NQMC STATUS

This NQMC summary was completed by ECRI on February 26, 2004. The information was verified by the measure developer on September 17, 2004. This NQMC summary was updated by ECRI on September 28, 2005. The information was verified by the measure developer on November 8, 2005.

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